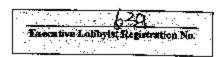
§2137. Executive Lobbying Expanditure Report

	EXECUTIVE LOBBYING EXPENDITURE REPORT		1 	· · · · · · · ·
	FORM 507	Executive Lobby	Executive Lobbylist Registration N	
	· -COVERING JANUARY I-JUNE 30, ZOUS DUM AUGUST LS	<u> </u>		: . <u></u>
	- *COVERING JANUARY 1 - DECEMBER 31, DUE FEBRUARY (5		POR OFFICE US	БОКЪУ
	Mail to: The Boson of Ethics, 3415 Quart Drive, Third Place, Beton Bouge, J.A. 70808 UR		Postmark 1-0	B
	Eas.lu: (225) 763-8787 or (225) 763-8780	j	8/886	
1,	NAME Fournade Keith	307	1714	
	NAME OF A STATE OF THE STATE OF	мт СОУ	<u></u>	
	NAME CHANGE First	М	· -	
2.	BUSINESS ADDRESS 308 N. Wood lawn Aug. Meta	State Zip) 59 53	
	MAILING ADDRESS Street and No. City	Ku 🗗 State Zip	7	
Э.	BUSINESS PHONE 504-638-7200 Area Code and Phone Number			
4,	Total of all executive lobbying expenditures made January 1 through June 30: (Include expenditures from Schedules A and B)	s	4,41	
5.	Total of all executive lobbying expenditures made July1 through December 30 (When Applicable) (Include expenditures from Schedules A and B)	o: \$	NA	
б.	Total of all executive lobbying expenditures made during calendar year: (Line 4 added to Line 5 should equal Line 6)	\$ <u></u>	4.41	
7.	Did you make an expenditure exceeding \$50 on one occasion for an executive	branch official;		
	From January 1 through June 30? From July 1 through December 31? • Yes • Yes) ••NA		
	If the answer to other question in Number 7 above is YES, complete Schedule A ϵ	and anach.		
8.	Did you make expenditures exceeding the sum of \$250 for an executive branch	h official:		
	From January 1 through June 30? From July 1 through December 317 • Yes • Yes	> ••NA		
	If the enswer to either question in Number 8 above is YES, complete 8 chedule Λa	and attach.		
9.	Did you expend funds for any reception, social gathering, or other function to officials were invited during this reporting period?	which more than twenty-fiv	ve executive bra	ncb
	Yes. · No.			
	If the answer to Number 9 above is YES, complete Schedule B and attach.			

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EXECUTIVE LOBBYING EXPENDITURE REPORT



10.	PROVIDB BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures surributable to the department made during the July 1 - December 31 reporting period who applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.					
	I)	ł au.	Name of Department:	Medicaid	Par	
		ь.	Total of all expenditures made	January 1 through June 30:	<u>۶</u>	4.4
		٤.	Total of all expenditures made (When applicable)	July 1 through December 31:	\$	N/A
		ď٠	Total of all expenditures made	during the calendar year;	\$	4.41
	2)	æ	Name of Department:	. <u>.</u> .		
		b.	Total of all expenditures made :	lanuary 1 through June 30:	s	<u></u>
		c.	Total of all expenditures made . (When applicable)	July 1 through December 31:	s	
		ф	Total of all expenditures made (iuring the calendar year:	\$	
	3)	ij.	Name of Department:			
		b.	Total of all expenditures made i	ismuary 1 through June 30;	\$	
		ů.	Total of all expenditures made J (When applicable)	uly 1 through December 31:	3	
		d.	Total of all expendinges made d	haring the calendar year:	\$	
	PROVIDE BELOW (a) the name of the executive branch department and the individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made during the Juny 1 - June reporting period; (c) the aggregate total of all expenditures attributable to the agency made during the July 1 - December reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to agency.					made during the January 1 - June 30 made during the July 1 - December 31
	1)	ar.	Name of Department and Individ	dual Agency:	edicaid	Pat
		b.	Total of all expondinires made J	anuary 1 through June 30:	\$	441
		c.	Total of all expenditures made J. (When applicable)	dy 1 through December 31:	\$	NA
		₫.	Fotal of all expenditures made d	uring the calendar year:	\$	4.41_

_	•	Name of Department and Individual Agency:	•
		Total of all expenditures made January 1 through June 30:	
	C		s
	4.	Total of all expenditures made during the calendar year:	\$
3)	à.	Name of Department and Individual Agency:	
	Ľ.	Total of all expendingres made July 1 through December 31; (When applicable)	* \$
•	đ.	Total of all oppositiones made during the calcular year:	s

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included berein; and that no information required by LSA-RLS, 49:71 ct seq. has been deliberately omitted.